

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ALASKA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

AS Sec. 18.20.310(a)4

TN No. 95-15 Approval Date 10/30/95 Effective Date 7/1/95

Supersedes TN No. 90-17 ~~pages~~